



WASHINGTON DYED DIESEL FUEL USER TAX RETURN

DD

Fuel Tax Section
PO Box 9048
Olympia WA 98507-9048
(360) 664-1838

A. REPORTING PERIOD Year: _____		PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW <input type="checkbox"/> ANNUAL <input type="checkbox"/> QUARTER <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		FOR VALIDATION ONLY -- 108-030-116-0001	
B. <input type="checkbox"/> No Operations this period <input type="checkbox"/> Amended Return		<input type="checkbox"/> Name Change <input type="checkbox"/> Late Return <input type="checkbox"/> Address Change		VALIDATED POSTMARK DATE	
C.				D. Cancel license Effective Date _____	
Account #					
1 Beginning physical inventory				1	
2 Fuel received (total from Schedule A on reverse)				2	
3 Ending physical inventory				3	
4 Total accountable gallons (line 1 + line 2 - line 3)				4	
5 Tax exempt gallons (total from Schedule B on reverse)				5	
6 Taxable gallons (line 4 - line 5)				6	
7 Washington power take-off credit*				7	
8 Net taxable gallons (line 6 - line 7)				8	
9 Special fuel tax (line 8 x tax rate)				9	
10 Penalty after 25th of month (line 9 x 10%)				10	
11 Sum of line 9 + line 10				11	
12 Interest after end of month (line 11 x 1%)				12	
13 Total fuel tax liability (line 11 + line 12)				13	
14 Previous payments (Amended returns only)				14	()
15 Sales tax credit (See instructions) *				15	
16 Total adjustments (line 14 + line 15)				16	
17 If total of lines 13 - 16 is greater than zero, amount owed				17	
18 If total of lines 13 - 16 is less than zero, net refund amount				18	

***Support schedule required**

PLEASE RETAIN A COPY OF THIS TAX RETURN FOR YOUR RECORDS

SIGNATURE REQUIRED I certify under penalty of perjury that this return is true, correct and complete to the best of my knowledge.			
Signature _____		Title _____	
Print Name _____		Date _____	Phone () _____
Contact Name _____		Phone () _____	

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Name _____ Account/License no. _____

SCHEDULE A - DYED DIESEL FUEL RECEIVED

A1 Dyed diesel fuel purchases	A1	
A2 Other (explain)	A2	
Total dyed diesel fuel received (sum of lines A1 through A2)		

SCHEDULE B - TAX EXEMPT GALLONS USED

B1 In exempt vehicles	B1	
B2 Washington off-highway gallons (used by licensed on-road vehicles) *	B2	
B3 Non-highway equipment use	B3	
B4 Other (explain)	B4	
Total exempt gallons used (sum of lines B1 through B4)		

* Mileage and fuel totals for all vehicles must be retained.